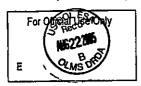
## FORM LM-30 \*LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U	2 Fiscal Year Covered From
10848	Through A / So / So A
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name In the second of the seco	Name Carlo C
	Labor Organization File Number 3430/5
P O Box, Bldg , Room No , if any	P O Box Building and Room Number, if any
Street	Street
City City	City
State ZiP Code + 4	State ZIP Code + 4
5 Position in labor organization	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.  6 Name and address of Employer (including trade name, if any)	derived income or other economic benefit of ion represents or is actively seeking to represent.  7 a Nature of Interest, Transaction, or Income.
P O Box, Bldg , Room No , if any	7 b Amount
Street	
State ZIP Code + 4	
, Signature '	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	

Signed

Telephone Number